



Application Form

Demystifying Classification 2017

YOUR NAME: _____

Workshop Date	Location and Deadline
December 12 and 13, 2017	Burnaby Deadline November 6, 2017

1. Get application form from the Local or HEU website at www.heu.org
2. Form **must be** signed by Local Chairperson or Secretary-Treasurer

Send application (complete **ALL** pages) by fax **or** mail to:

FAX: 604-739-1510

MAIL: HEU Provincial Office
EDUCATION DEPARTMENT Attention: **Vickie Phillips**
5000 North Fraser Way
Burnaby, BC V5J 5M3

EMAIL: vphillips@heu.org

DATE SENT: _____ # OF PAGES: _____

Demystifying Classification Workshop 2017

**APPLICATION MUST BE COMPLETED IN FULL
PLEASE PRINT IN DARK INK**

I identify my gender as: _____

Last Name: _____ First Name: _____

Have you recently moved? Yes No If yes, when? _____

Address: _____ Apt/Suite: _____

City: _____ Postal Code: _____

Mailing Address (if different): _____

Home Phone: _____ Cell: _____

Work Phone (include ext#): _____ Extension: _____

Personal Email: _____

Job Title: _____ Dept: _____

Employer: _____ Work Site: _____
e.g Northern Health, PHSA, Sodexo, Well-Being e.g. VGH, Beacon Hill Villa, Reids Corner

Local: _____

Employment Status: Full-time Part-time Casual

What union position (if any) do you hold at your local? _____
e.g. Shop Steward, Chair, Sec/treas, Chief

Region: North Interior Vancouver Coastal (includes PHSA)
 Fraser Vancouver Island

Do you identify as a member of any of the following equity-seeking groups or youth?

Check all that apply LGBTQ2S Indigenous (First Nations) People with disAbilities
 Person of Colour (Ethnic Diversity) Women Youth (33 years or younger)

Emergency contact (Name & Phone): _____

Medical Condition /Special Accommodation

Do you have any medical condition(s) that would require special accommodation during your attendance?
Yes No

If yes, please explain what accommodations are required. (Doctor's note may be required.)

Why do you want to attend this educational opportunity?

What will you do with the information?

How do you feel your experience can/will add to this workshop?

Signature of Applicant

Date

Personal information will be used solely for the purpose of processing this application form. It will not be disclosed to any other party.

The following information is to be filled out by the Local Chairperson or Secretary-Treasurer

HEU Member Name: _____

HEU Local: _____

Date of Course/Workshop/Conference: _____

Location of Course/Workshop/Conference: _____

Our Local is in the following region:

Region:

- Fraser
- Interior
- North
- Vancouver Coastal
- Vancouver Island

This member is our local unions:

- 1st choice
- 2nd choice
- 3rd choice

This application must be signed by your Local Chairperson or Secretary-Treasurer.

This is to confirm applicant is a member in good standing.

Local Chairperson or Secretary-Treasurer (please print your name)

Signature of Local Chairperson or Secretary-Treasurer

Date